

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002081

251

STATE FILE NUMBER

AMENDED

FILED JAN 25 1962

Primary Registration District No. 1002

Registrar's No.

DATE AMENDED  
02  
INSTEAD OF  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
Robert B. Voth

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		c. CITY OR TOWN CAMDENTON, MO.	
Length of stay in 1b 2 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		d. STREET ADDRESS (If outside, give location) LAKE RD 37	
3. NAME OF DECEASED (Type or print) First MIDDLE Last GEORGE DAVID UTTER		4. DATE OF DEATH Month Day Year JAN 14 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/20/95
9. AGE (last birthday) 66		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUS OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION	
11. BIRTHPLACE (City and state or country) DES MOINES, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Julius Utter		13b. MOTHER'S MAIDEN NAME Mary E. Hogan	
14. NAME OF HUSBAND OR WIFE MARIE A. UTTER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 2/26/18 to 4/28/1	
16. SOCIAL SECURITY NO.		17. INFORMANT VA HOSPITAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line if more than one) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CARDIAC ARRYTHMIA DUE TO (b) ACUTE MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 5 Min 48 Hrs ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. VA attended the deceased from 1/12/62 to 1/14/62 and last saw HIM live on 1/14/62 Death occurred at 1/14/62 8:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert B. Voth M.D.		22b. ADDRESS K.C. VA Hospital K.C. Mo.	
22c. DATE SIGNED 1/14/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-17-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
23d. LOCATION (City, town, or county) Kansas City, Missouri			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 1-15-62	
ADDRESS Woodland		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

Signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Hal Thompson

Licensed Embalmer No. 3408

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.